



Office of General Services
Office of Business Diversity

Design and Construction

AN ISO 9001:2015 CERTIFIED ORGANIZATION

Office of Business Diversity, 29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242

Phone: (518) 486-9284

FAX: (518) 486-9285

CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.: **Q1864-H**

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Submit completed responses to DCSDVOB@ogs.ny.gov

Contractor's Name, Address and Federal ID No.: SOA Service Corporation 74 LaSalle Drive Yonkers, NY 10710		Contract Description/Location: Replace HVAC Units Camp Smith Training Site		Date Proposal Approved:	Date Printed:	Bid Date: 4/26/2023	SDVOB GOAL	
Federal ID No.: 20-8996804		Work/Job Order:		OGS Project Number: Q1864-H	Work Order Value:	Contract Amount: 571,857.00	3%	
Certified SDVOB Name, Address and Phone No.		Description of Subcontracting/Supplies			Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR OGS USE ONLY	SEE BDC 328.1S
B&T Construction Logistics, Inc. Phone No. (917) 364-7864 Federal ID No.: 181694 Confirmed		Furnish concrete, paint and mics material.			TBD	\$8680.00		<input type="checkbox"/>
Federal ID No.:								<input type="checkbox"/>
Federal ID No.:								<input type="checkbox"/>
Federal ID No.:								<input type="checkbox"/>

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments: Please note that FCU, PTAC, ACCU and BMS are furnished by a Non SDVOB or M/WBE vendors. SOA is self performing HVAC work.	
Contractor's Signature: 		FOR OGS USE ONLY <input type="checkbox"/> Accepted <input checked="" type="checkbox"/> Accepted <input checked="" type="checkbox"/> Noted Notice of Deficiency Issued SDVOB % _____ \$ _____	
Enter Name: Muhammad O. Saleem			
Title: President		OGS Authorized Signature: Enter Name: Shafia Booker Date: 5/11/2023	
E-Mail Address: soaservices@gmail.com		Date: 5/5/2023	

OBD: The SDVOB utilization plan has been accepted as noted. Your firm is expected to continue good faith efforts to secure more SDVOBs and reach out to our office whenever a new opportunity becomes available as our office can continue to assist.